

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/06</u> through <u>9/30/06</u>	Date of election if applicable: (Month, Day, Year) <u>11/7/06</u>	Date Stamp RECEIVED 31 AM 10:35 CITY CLERK CITY OF LODI	CALIFORNIA FORM 460 Page <u>1</u> of <u>1</u> For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
 (Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
 (Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
 (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
 (Also file a Form 410 Termination)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495
- ☒ Amendment (Explain below)

This is an amended cover page to reflect a beginning date of 1/1/06.

3. Committee Information

I.D. NUMBER

1288867

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect John E. Johnson

STREET ADDRESS (NO P.O. BOX)

106 S. Orange Ave 209-369-1451

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

John E. Johnson

MAILING ADDRESS

106 S. Orange Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209-369-1451

NAME OF ASSISTANT TREASURER, IF ANY

Heidi Johnson

MAILING ADDRESS

106 S. Orange Ave 209-369-1451

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/31/06Executed on 10/31/06

Executed on _____

Executed on _____

By [Signature]By [Signature]

By _____

By _____